

Navegantes para Salud
Primary Care Access and Navigation
Intervention: Role Conceptualization,
Implementation, and Assessment

DeAnne K. Hilfinger Messias, PhD, RN, FAAN

University of South Carolina, USA

and

M. Elizabeth Fore, PhD

Idaho State University, USA



UNIVERSITY OF
SOUTH CAROLINA

Background and Context: Changing Demographics in South Carolina (SC) USA

1990-2013

Year	Hispanic/Latino	% of SC Population
1990	30,551	1.1%
2000	96,178	2.3%
2010	235,682	5.1%
2013	253,066	5.3%

➤ 1990 – 2013 830% increase



Health Care Access Challenges among Hispanic/Latino Immigrants in SC

- Lack of understanding of the organization and levels of local health care services
- Linguistic and cultural barriers
- Economic and structural barriers (i.e., low-income, lack of public transportation)
- Lack of employer-sponsored health insurance and/or ineligibility for government insurance



Navegante para Salud (Health Navigator)

Hybrid Role Conceptualization

- Goal: Improve primary care access and utilization among Hispanic women and their children
- Community Health Worker
 - Serve as a community liaison
 - Conduct community outreach and education
- Patient Navigator
 - Improve access
 - Enhance utilization of services



Intervention Setting

- 1 Organization – Eau Claire Cooperative Health Centers (ECCHC)
 - Federally Qualified Health Center (FQHC)
 - Offers out-patient services for Medicaid (government insurance), underinsured and uninsured patients
- 6 Sites
 - 4 urban centers, 2 rural centers
 - 3 Pediatric and 3 Women’s Health clinics



Navegante Position Requirements

- Bilingual (Spanish-English)
- Minimum education – completed high school or GED (US or abroad)
- Valid South Carolina Driver's License and access to vehicle
- Prior community outreach/engagement experience



Participatory Learning: Getting to Know the Health Care System

- Overview of structures and levels of care
- Participatory observation at clinics, public health departments, Medicaid offices
- Field trips and presentations by representatives from health and social services



Navegante Training Components

- Organization and structure of U.S. health care services and systems
- Organization and structure of the Eau Claire Cooperative Health Centers system
- Patient access and referral mechanisms
- Research and ethics procedures
- Principles and practice of community outreach



Navegante Para Salud Intervention (11 months)

- On-site navigational assistance at pediatric and women's health/maternity clinics
 - Medicaid enrollment
 - Appointment reminders and follow-up
 - Specialty clinic referrals
 - Pre-delivery hospital tours
- Community outreach and education about U.S. healthcare system



Adult Participant Demographics (n=389)

	Clinic %	Community %	Total %
Female	93.9	86.5	91.6
Age (mean)	29.9	35.0	31.5
Cohabiting or Married	83.1	74.4	80.1
Unemployed	68.4	54.3	64.0
No health insurance	93.8	96.1	94.5



Type and Quantity of Navigational Support (Number of Patient Contacts)

- Clinic Appointment Assistance 369
- Medicaid Applications 256
- Newborn Medicaid Applications 66
- Medicaid Transportation Service 43
- Maternity Care Assistance 71
- Financial Literacy Assistance 43



Individual Referrals

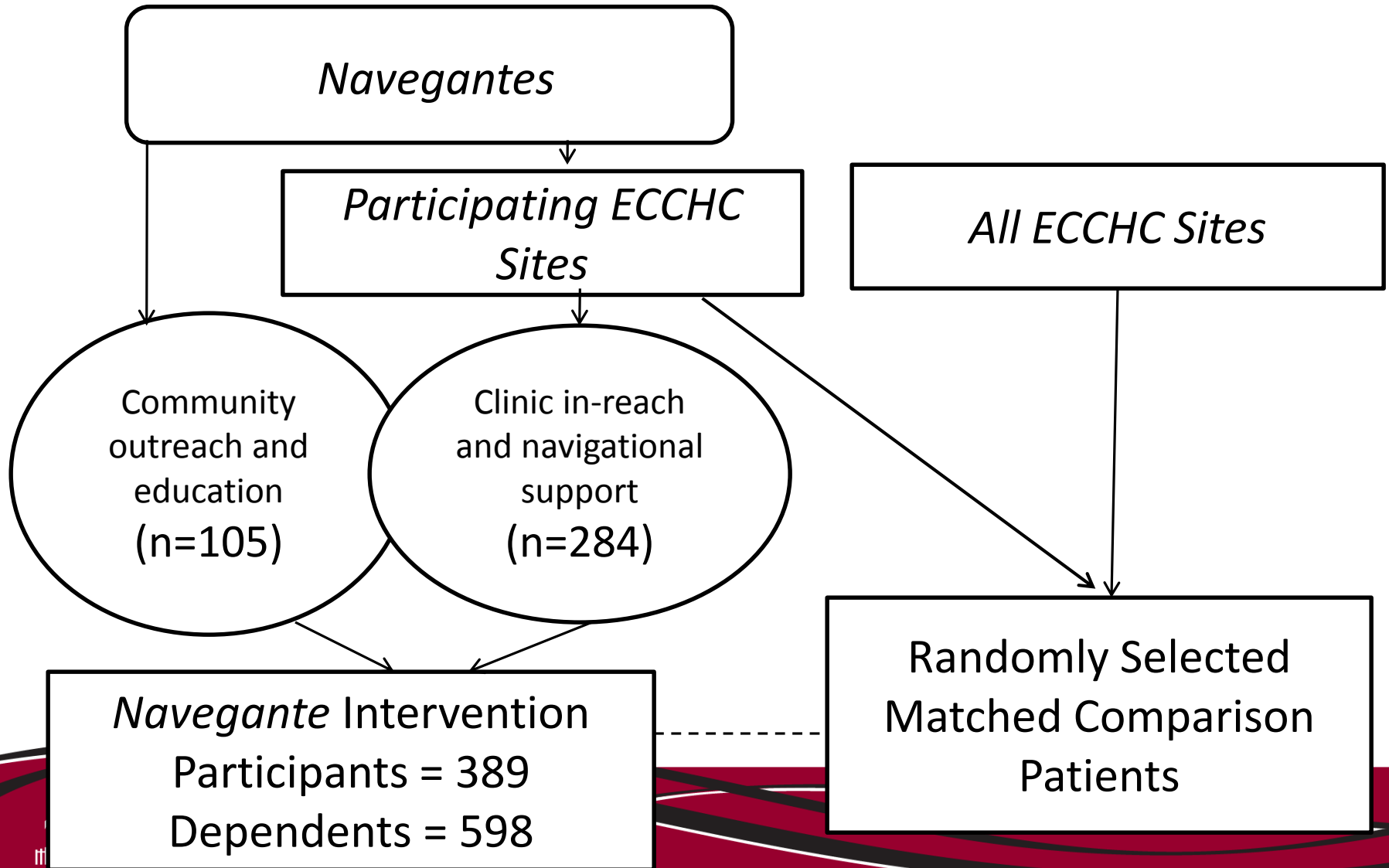
- Health Service/Specialty Referrals 236
- Social Service Referrals 256

Community Outreach

- Community Outreach Events 100
- Home Visits 17



Navegantes para Salud Assessment Design



Navegante Intervention Impact

Measure	Intervention Group	Control Group	Statistical Significance
Appointment No-Show Rate (mean)	0.76	1.17	$p < .01$
Kotelchuck Index (mean)	2.68	2.15	$p < .01$
Child Medicaid coverage (mean days of coverage)	338.53	326.46	$p < .01$



Impact of the *Navegante* Intervention on Children

Although the differences were not statistically significant, when compared to children in the control group, children of women enrolled in the *Navegante* intervention:

- were *less likely* to utilize the *emergency room for care* (90 visits vs. 241 visits; odds ratio=0.75, 95% CI=0.37-1.52).
- were *more likely* to have an *immunization visit* (84 visits vs. 71 visits; odds ratio=1.30, 95% CI=0.66-2.57)



Conclusions

- The intervention was successful in improving appropriate and timely utilization of health services.
- Patient navigation services can result in improved health for patients and increased savings for outpatient clinics.
 - Increased utilization of preventative services contributes to healthier patients and populations.
 - Preventative services lower future costs of chronic conditions
 - Fewer Medicaid lapses decrease reliance on clinic's indigent funds.
- The medical staff valued the role and the clinic hired the *Navegantes* as full-time staff when the research funding ended.



Acknowledgements

Funded by Centers for Medicare and Medicaid Services
Hispanic Health Research Grant 1H0CMS330895

Research Team

- DeAnne K. Hilfinger Messias, PhD, RN, FAAN (PI)
- M. Elizabeth Fore, PhD (Co-I)
- Edena Guimarães Meetze, PhD (Co-I)
- Carolina Rodriguez Cook – Program Coordinator, ECCHC
- Daniela Frye - *Navegante*
- Melinda Soto - *Navegante*
- Nayeli Gomez - *Navegante*
- Katherine Robinson – Data Manager, ECCHC
- James Hardin, PhD (Co-I)



Questions?

¿Preguntas?



UNIVERSITY OF
SOUTH CAROLINA